

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

City of San Jose  
Division, Department, or Region (if applicable)  
Council District 9  
Designated Agency Contact (Name, Title)  
Donald Rocha, Councilmember  
Area Code/Phone Number  
408 535 4909 E-mail  
district9@sanjoseca.gov

RECEIVED  
San Jose City Clerk  
Date Stamp  
2018 DEC 16 AM 11:14  
SP OTC

**California Form 802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 222.00 / 86.00 seats  
Event Description: Sharks Date(s) 12, 07, 16  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Rocha, Donald  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Camden Community Center</u>	<u>16</u>	
<u>Parks / General Services</u>	<u>total</u>	

  

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
<u>Rocha, Donald</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
<u>Gongs, Shirley</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

  

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Don Rocha Don Rocha Councilmember 12/16/16  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Continuation Sheet

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B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
	Joaning, Jacklyn	1	
	Hamilton, Peter	1	
	Hyde, Andrea	1	
	Urban, Brienne	1	

  

C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	Hughes, Scott	1	
	Kupitz, Kimberly	1	
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

  

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